

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

1 FIRST REGULAR SESSION  
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE  
4

5 Legislative Document

No. 1415  
6

7 H.P. 985

House of Representatives, April 29, 1985

8 Reference to the Committee on Human Resources suggested and ordered  
9 printed.

10 EDWIN H. PERT, Clerk

Presented by Representative Rolde of York.

11 Cosponsored by Representative Bell of Paris and Representative Kimball  
of Buxton.

12 STATE OF MAINE  
13

14 IN THE YEAR OF OUR LORD  
15 NINETEEN HUNDRED AND EIGHTY-FIVE  
16

17 AN ACT to Encourage the Establishment of  
18 Statewide Standards for the  
19 Identification and Management of  
20 Child Abuse and Neglect.  
21

22 Be it enacted by the People of the State of Maine as  
23 follows:

24 Sec. 1. 22 MRSA c. 1071, sub-c. IX is enacted to  
25 read:

26 SUBCHAPTER IX

27 HOSPITAL BASED SUSPECTED CHILD

28 ABUSE AND NEGLECT COMMITTEES

29 §4081. Purpose

30 The purpose of this subchapter is to encourage  
31 the establishment of statewide standards for the  
32 identification and management of child abuse and ne-

1 glect by providing financial support for the estab-  
2 lishment of Hospital Based Suspected Child Abuse and  
3 Neglect Committees.

4 §4082. Definitions

5 As used in this subchapter, unless the context  
6 indicates otherwise, the following terms have the  
7 following meanings.

8 1. Case plan prescription. A "case plan pre-  
9 scription" means an action plan developed by the fam-  
10 ily support team.

11 2. Family support teams. "Family support teams"  
12 means specialized teams of professionals evaluating  
13 children who are victims of physical abuse, failure  
14 to thrive, neglect, sexual abuse, emotional abuse,  
15 substance abuse or chemically related or caused  
16 abuse. Evaluations shall result in a family diagnosis  
17 and recommendations for treatment and follow-up.

18 3. Protocols. "Protocols" means procedures de-  
19 veloped for the interaction of the Suspected Child  
20 Abuse and Neglect Committee and family support team.

21 4. Suspected Child Abuse and Neglect Committee.  
22 "Suspected Child Abuse and Neglect Committee" means  
23 an official standing committee of the hospital com-  
24 prised of professional representing public and pri-  
25 vate community agencies, hospital departments and the  
26 Department of Human Services directly involved in  
27 providing services to victims of child abuse and  
28 their families.

29 §4083. Hospital based Suspected Child Abuse and Ne-  
30 glect Committees

31 The Maine Medical Center, Eastern Maine Medical  
32 Center, Mid-Maine Medical Center, Central Maine Medi-  
33 cal Center and Aroostook Medical Center shall each  
34 establish a Suspected Child Abuse and Neglect Commit-  
35 tee and Family Support Team Program. The committee  
36 shall meet regularly to provide the ongoing develop-  
37 ment and monitoring of the specialized family support  
38 teams and the approval of protocols. These hospitals  
39 shall serve as a resource to other institutions de-  
40 siring to form such a program.

1           The Family Support Team Program shall be coordi-  
2 nated by a full-time staff person and specialized  
3 teams shall be available to evaluate children who are  
4 the victims of physical abuse, neglect, sexual abuse,  
5 emotional abuse or substance-chemical abuse. The cost  
6 of the coordinator shall be paid for by the Depart-  
7 ment of Human Services.

8           The Family Support Team Program shall provide for  
9 a team approach to the early identification, diagno-  
10 sis, treatment, management and follow-up of victims  
11 of child abuse and their families, through the hospi-  
12 tal emergency room, inpatient pediatric department,  
13 ambulatory clinics and private staff physician of-  
14 fices.

15           Child protective workers within the Department of  
16 Human Services shall participate in the team process.  
17 A case plan prescription shall be signed by the fami-  
18 ly support team chairman after team recommendations  
19 are received and shall be complied with by the child  
20 protective worker.

21           Sec. 2. Appropriation. The following funds are  
22 appropriated from the General Fund to carry out the  
23 purposes of this Act.

|    | <u>1985-86</u> | <u>1986-87</u> |
|----|----------------|----------------|
| 24 |                |                |
| 25 |                |                |
| 26 |                |                |
| 27 |                |                |
|    | \$144,500      | \$135,500      |

1

STATEMENT OF FACT

2  
3  
4  
5  
6  
7  
8

The purpose of this bill is to establish state-wide standards for the identification and management of child abuse and neglect through hospital emergency rooms, inpatient departments, ambulatory clinics and physicians' offices. Standardization would be based on a comprehensive professional team approach rather than one single discipline social agency.

9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22

The vehicle used in the bill to establish the expressed goal is the establishment of hospital based Suspected Child Abuse and Neglect Committees monitoring specialized family support teams within the State's 5 major medical centers. The family support team will evaluate children who are victims of physical abuse, failure to thrive or neglect, sexual abuse, emotional abuse, substance abuse, chemically related or caused abuse. The evaluations shall result in a family diagnosis and recommendations for treatment and follow-up. Child protective services workers within the Department of Human Services will be part of the team but must comply with the recommendations of the team.

23

1560032685